NHW Wangaratta Antenatal Clinic

<u>WHO Obese 1</u> Antenatal Schedule of Visits

To be used in conjunction with Standard Antenatal Care Pathway

Gestation	Appointment	Recommended Care and Tests	
6-10 weeks	GP	See standard pathway	
		Calculate BMI first visit and refer if BMI/30	
		Commence Folate 5mg daily, Iodine 150mcg daily	
14 Weeks	Midwife	Calculate pre/early pregnancy BMI, advise recommended weight gain	
	booking	Advise re diet and exercise, goals for weight gain, (see WHO Guidelines)	
	appointment	Dietitian referral	
		Discuss with registrar asap if previous bariatric surgery	
		Weight and BP; urinalysis; abdominal palpation and fundal measurement	
		?U&E/LFT	
		Vit D	
		Early GTT	
		DISCUSS AGREED EDC based on 8 to 12 week scans	
		Book morphology scan for 20-22 weeks as better views obtained	
18 weeks	GP		
20-22 weeks	Registrar / VMO	Weight, BP, urinalysis	
		Dietician review	
		Review Morphology Scan (may need further scan at 24 weeks if poor views due	
		to obesity)	
		Request for Growth scan 28 weeks if indicated	
		Request for GTT at 26-28 weeks, if previous normal	
		Request for FBE, ferritin, Blood group and antibodies if Rh–ve at 26 weeks	
		Discussion about increased obstetric risk	
26 weeks	GP		
28 weeks	Registrar / VMO	Check GTT	
		Request Growth scan at 34 weeks	
		Anti-D as required	
31 weeks	GP		
34 weeks	Registrar / VMO	Review Growth scan	
	Midwife	Midwife visit for education	
36 weeks Registrar / VMO GBS screen			
		Refer to Lactation Consultant	
	D : 1 //// A/O		
38 weeks	Registrar/VMO		
38 weeks 40 weeks		Check GBS result	
	Registrar / VMO		
		Check GBS result Consider stretch and sweep with woman's consent AFI and CTG	

WHO BMI Categories/expected gain

			0
•	Underweight	<18.5	12 - 18kgs
•	Normal	18.5 - 24.99	11.5 - 16kgs
•	Overweight	25.0 - 29.99	7 - 11kgs
•	Obese 1	30.0 - 34.99	5 - 9kgs
•	Obese 2	35.0 - 39.99	5 - 9kgs
•	Obese 3	>40	

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NHW Wangaratta Antenatal Clinic

<u>WHO Obese 2 and 3</u> Antenatal Schedule of Visits

To be used in conjunction with Standard Antenatal Care Pathway

Gestation	Appointment	Recommended Care and Tests	
6-10 weeks	GP	Refer to standard pathway; refer if BMI>30, Advise recommended weight gair	
14 weeks	Midwife (booking visit)	 Calculate pre/early-pregnancy BMI > 50 Deliver in Melbourne Offer dietitian referral, discuss goals for weight gain (see WHO Guidelines) Folic acid 5mg, ?lodine 150mcg 	
		 GTT at booking visit U and E, LFT, Vit D Weight; BP and urinalysis; abdominal palpation and SF 	
		 DISCUSS AGREED EDC (usually based on 9 to 12 week scans) Arrange morphology scan for 20-21 weeks as better views obtained then; very high BMI may need tertiary morphology scan 	
18 weeks	GP		
20-22 weeks	Registrar/VMO	 Ensure has had dietitian review Check completeness of morphology scan (may need further scan at 24 weeks if poor views) Request for growth scan 28 weeks Check GTT, if normal repeat GTT at 26 weeks Order FBE, ferritin, GTT and BG antibodies if appropriate for 26/52 Discussion about increased obstetric risk and increased chance LUSCS Anaesthetic Referral for obese 2 and 3 Detailed letter to anaesthetist including reason for referral If previous spinal/epidural-(not from NHW) obtain release form from 	
		patient	
26 weeks	GP		
28 weeks	Registrar/VMO	 Review results GTT and FBE +/- Ferritin Anti-D as required Request for Growth Scan 32-34 weeks BMI>50 consider elective LUSCS? Tertiary referral 	
30 - 32 weeks	GP		
34 weeks	Registrar/VMO Midwife	Review Growth scan Midwife visit for education	
36 weeks	Registrar/VMO	GBS screen Repeat growth scan	
38 weeks	Registrar/VMO	Offer Lactation Consultant referralCheck GBS result	
40weeks	Registrar/VMO	Check GBS resultConsider Stretch and sweep	
41 weeks	Registrar/VMO	AFI and CTG at 41 weeksConsider stretch and sweep	

WHO BMI Categories/expected gain				
•	Underweight	<18.5	12 - 18kgs	
•	Normal	18.5 - 24.99	11.5 - 16kgs	
•	Overweight	25.0 - 29.99	7 - 11kgs	
•	Obese 1	30.0 - 34.99	5 - 9kgs	
•	Obese 2	35.0 - 39.99	5 - 9kgs	

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>40

Obese 3